



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
M <sup>c</sup> Cawley	Joseph	M.	808-246-8205
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite 1			808-246-8268
(City)	(State)	(Zip Code)	
Lihue,	HI	96766	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(Zip Code)			

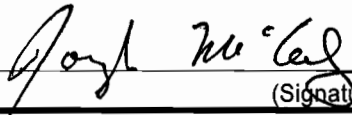
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LBBY FOR (Do not abbreviate)			TELEPHONE
Kauai Island Utility Cooperative			808-246-4300
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite 1			808-246-8268
(City)	(State)	(Zip Code)	
Lihue,	HI	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joseph M. M <sup>c</sup> Cawley			808-246-8205
MAILING ADDRESS (Street)			FAX
4463 Pahee Street, Suite 1			808-246-8268
(City)	(State)	(Zip Code)	
Lihue,	HI	96766	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

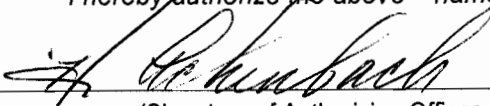


(Signature of Lobbyist)

1/3/06

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
H. A. Achenbach		President & CEO	
NAME OF ORGANIZATION (If applicable)		TELEPHONE	
Kauai Island Utility Cooperative		808-246-4389	
MAILING ADDRESS (Street)		FAX	
4463 Pahee Street, Suite 1		808-246-8257	
(City)	(State)	(Zip Code)	
Lihue,	HI	96766	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1-3-06	
(Signature of Authorizing Officer or Person Represented)		(Date)	